

Nuisance Abatement Costs

Report from the Lincoln-Lancaster County Health Department

EXHIBIT "A"

| Clearance Number | Address | Clearance Date | Inspection Costs | Supervisory Review Costs | Admin Costs for Clearance Order | Admin Costs for Arrangement Rept | Abatement Costs | Total Costs Assigned to Property Owner |
|------------------|---|----------------|------------------|--------------------------|---------------------------------|----------------------------------|-----------------|--|
| 06-27 | 3141 S Street* | 9-5-06 | | | | | | |
| 06-28 | 901 North 23 rd Street | 9-8-06 | 34.80 | 9.50 | 57.25 | | 70.00 | 171.55 |
| 06-29 | 1920 South 17 th Street | 9-13-06 | 52.20 | 9.50 | 57.25 | | 70.00 | 188.95 |
| 06-30 | 2026 Lake Street | 9-13-06 | 52.20 | 9.50 | 57.25 | | 45.00 | 163.95 |
| 06-31 | 6432 Leighton Avenue* | 10-3-06 | | | | | | |
| 06-32 | 1140 Fairfield Street* | 9-29-06 | | | | | | |
| 06-33 | 2302 South 11 th Street | 10-06-06 | 87.00 | 9.50 | 57.25 | | 50.00 | 203.75 |
| 06-34 | 920 Garfield Street | 10-06-06 | 52.20 | 9.50 | 57.25 | | 40.00 | 158.95 |
| 06-35 | 3102 North 48 th Street | 10-24-06 | 87.00 | 9.50 | 57.25 | | 30.00 | 183.75 |
| 06-37 | 1851 Garfield Street | 10-27-06 | 34.80 | 9.50 | 57.25 | | 25.00 | 126.55 |
| 06-38 | 3019 Starr Street | 10-27-06 | 52.20 | 9.50 | 57.25 | | 35.00 | 153.95 |
| 06-39 | 724 Washington Street | 11-1-06 | 87.00 | 9.50 | 57.25 | | 25.00 | 178.75 |
| 06-40 | 2948 Starr Street | 11-1-06 | 87.00 | 9.50 | 57.25 | | 45.00 | 198.75 |
| 06-41 | 245 North 25 th Street | 11-16-06 | 69.60 | 9.50 | 57.25 | | 60.00 | 196.35 |
| 06-42 | 960 South 40 th Street | 11-16-06 | 69.60 | 9.50 | 57.25 | | 370.84** | 507.19 |
| 06-43 | 3051 "U" Street* | 11-17-06 | | | | | | |
| 06-44 | 2718 Alpha Street | 11-17-06 | 52.20 | 9.50 | 57.25 | | 75.00 | 193.95 |
| 06-45 | 2540 "S" Street | 11-17-06 | 52.20 | 9.50 | 57.25 | | 100.00 | 218.95 |
| 06-46 | 3019 Starr Street | 11-21-06 | 52.20 | 9.50 | 57.25 | | 35.00 | 153.95 |
| 06-48 | 3019 Starr Street | 12-27-06 | 87.00 | 9.50 | 57.25 | | 30.00 | 183.75 |
| 07-01 | 2436 Vine Street | 1-13-07 | 52.20 | 9.50 | 57.25 | | 150.00 | 268.95 |
| 07-03 | 2925/2927 North 54 th Street | 2-7-07 | 52.20 | 9.50 | 57.25 | | 75.00 | 193.95 |

| | | | | | | | | |
|-----------|-------------------------------------|---------|--------|-------|-------|--|----------|--------|
| 07-04 | 3019 Starr Street | 3-29-07 | 52.20 | 9.50 | 57.25 | | 45.00 | 163.95 |
| 07-05 | 1536 LeGros Avenue | 4-10-07 | 52.20 | 9.50 | 57.25 | | 50.00 | 168.95 |
| 07-06 | 600 Village Avenue | 4-11-07 | 52.20 | 9.50 | 57.25 | | 100.00 | 218.95 |
| 07-08 | 3035 South 46 th Street* | 4-11-07 | | | | | | |
| 07-09 | 631 North 26 th Street | 4-16-07 | 52.20 | 9.50 | 57.25 | | 65.00 | 183.95 |
| 07-10 | 1530 North 23 rd Street | 4-26-07 | 52.20 | 9.50 | 57.25 | | 50.00 | 168.95 |
| 07-11 | 1240 North 66 th Street | 5-4-07 | 52.20 | 9.50 | 57.25 | | 60.00 | 178.95 |
| 07-12 | 3846 Sumner Street | 5-9-07 | 69.60 | 9.50 | 57.25 | | 130.00 | 266.35 |
| 07-13 | 7211 Stevens Ridge Road | 5-15-07 | 69.60 | 9.50 | 57.25 | | 35.00 | 171.35 |
| 07-14 | 2163 South 8 th Street* | 5-18-07 | | | | | | |
| 07-15 | 4126 Madison Avenue | 5-25-07 | 69.60 | 9.50 | 57.25 | | 55.00 | 191.35 |
| 07-16 | 245 North 25 th Street | 6-1-07 | 52.20 | 9.50 | 57.25 | | 80.00 | 198.95 |
| 07-18 | 2335 South 39 th Street | 6-15-07 | 52.20 | 9.50 | 57.25 | | 35.00 | 153.95 |
| 07-19 | 1648 South 24 th Street | 6-15-07 | 52.20 | 9.50 | 57.25 | | 80.00 | 198.95 |
| 07-20 | 7211 Stevens Ridge Road | 6-27-07 | 52.20 | 9.50 | 57.25 | | 45.00 | 163.95 |
| 07-21 | 1520 "D" Street | 7-11-07 | 87.00 | 9.50 | 57.25 | | 60.00 | 213.75 |
| 07-22 | 4702 Cooper Avenue | 8-3-07 | 87.00 | 9.50 | 57.25 | | 145.00 | 298.75 |
| 07-23 | 3160 "T" Street | 8-3-07 | 69.60 | 9.50 | 57.25 | | 50.00 | 186.35 |
| 07-24 | 1035 South 23 rd Street | 8-10-07 | 52.20 | 9.50 | 57.25 | | 55.00 | 173.95 |
| 07-26 | 1401 South 21 st Street | 8-15-07 | 52.20 | 9.50 | 57.25 | | 85.00 | 203.95 |
| 07-27 | 847 North 29 th Street | 8-15-07 | 139.20 | 19.00 | 57.25 | | 100.00 | 315.45 |
| 07-28 | 1035 South 23 rd Street | 8-29-07 | 52.20 | 9.50 | 57.25 | | 55.00 | 173.95 |
| EO 079292 | 4139 Lewis Avenue | 5-31-07 | 52.20 | 9.50 | 57.25 | | 432.08** | 551.03 |

*The assessment costs these properties has been paid. The property owner has waived their right to a public hearing.

**Hauler charges include disposal costs and supplies for hazardous waste that cannot go to the landfill.

2006-2007

Property Information

| Address | Legal Description | Owner Name/Mailing Address | Parcel ID |
|------------------------------------|---|--|-------------------|
| 3141 S Street | Pecks Grove SE NW & NE SW 19-10-7, Block 21, Lot 3 | WAIVED PUBLIC HEARING | 17-19-317-003-000 |
| 901 North 23 rd Street | Vine Street Addition, Block 1, Lot 6, E78' | Angeline Wingert 3129 S 138 th Street Omaha, NE 68144 | 10-24-227-006-000 |
| 1920 South 17 th Street | Eldredge Addition, Lot 13, S36.3' | Anthony Kemna 2435 "C" Street Lincoln, NE 68502 | 10-36-126-003-000 |
| 2026 Lake Street | Randall Place, Block 2, Lot 16 | Wanda Simmons 2724 South 14 th Street Lincoln, NE 68502 | 10-36-412-016-000 |
| 6432 Leighton Avenue | Brinegars Subdivision - PT B2 TOGA, Lot 4-5 | WAIVED PUBLIC HEARING | 17-16-219-005-000 |
| 1140 Fairfield Street | Lincoln Heights Add, Block 4, Lot 11, E9' & All Lot 12 | WAIVED PUBLIC HEARING | 11-11-404-008-000 |
| 2302 South 11 th Street | Holmes Second Sub, Lot 20, W95.5 | Teresa Collins 2302 South 11 th Street Lincoln, NE 68502 | 10-35-407-010-000 |
| 920 Garfield Street | South Lincoln, Block 16, Lot 9, E30' | Mark & Julie Wiedeman 1120 North 40 th Street Lincoln, NE 68503 | 10-35-209-013-000 |
| 3102 North 48 th Street | University Place, Block 21, Lot 7, EX 700.5 Sq Ft in West Part for Street | Brent Magnuson 1145 West Avon Lane Lincoln, NE 68505 | 17-08-429-007-000 |
| 1851 Garfield Street | Williams Sub L2-12 NW 36-10-6, Block 5, Lot 1 | M & H Management LLC 130 South 46 th Street Lincoln, NE 68510 | 10-36-135-001-000 |
| 3019 Starr Street | Babcock's Subdivision - L14 Culbertson, Block 2, Lot 4 | Michael & Joanne Marsh 3019 Starr Street Lincoln, NE 68503 | 17-19-140-004-000 |
| 724 Washington Street | Mohrmans Replat, Lot A | Robert Morris 10400 Stagecoach Road Hickman, NE 68372 | 10-35-200-018-000 |
| 2948 Starr Street | East Park Add, Block 1, Lot 24-25 | Terry Smith P O Box 30250 Lincoln, NE 68503 | 17-19-101-023-000 |
| 245 North 25 th Street | Kinneys O St. Add, Block 18, Lot 1, S45' | Del Hamilton 3530 "J" Street Lincoln, NE 68510 | 10-24-432-001-000 |

| | | | |
|------------------------------------|---|--|-------------------|
| 960 South 40 th Street | Martin Heights 1 st , Lot 2 | Alvaro & Rosa Monterroso P O Box 6284 La Quinta, CA 92248 | 17-29-341-002-000 |
| 3051 "U" Steet | Pecks Grove SE NW & NE SW 19-10-7, Block 16, Lot 8 | WAIVED PUBLIC HEARING | 17-19-306-010-000 |
| 2718 Alpha Street | Alpha Addition, Lot 6 | Michelle & Robertson Ottens Sharon Ottens 2718 Alpha Street Lincoln, NE 68510 | 17-30-312-019-000 |
| 2540 "S" Street | Hawleys Add Blocks L1-3-6-8 SE 24-10-6, Block 7, Lot 11 | Teresa Cowles 1845 Pepper Avenue Lincoln, NE 68502 | 10-24-415-011-000 |
| 2436 Vine Street | Sheldon & Ernsts Sub, Lot 17, EX S Part for RD | Teresa Cowles 1845 Pepper Avenue Lincoln, NE 68502 | 10-24-239-025-000 |
| 2925 North 54 th Street | University Place, Block 35, Lot 5 | Kim & Mary Elder 2300 Wilderness Ridge Road Lincoln, NE 68512 | 17-17-205-010-000 |
| 1536 Le Gros Avenue | Bings (E.R) Sub, Lot D, W58' & W58' Lot E EX Tri Tract in NW Corner (Being 3.5" on North & 12' on West) | Phillip Woodmancy 1536 Le Gros Avenue Lincoln, NE 68502 | 10-36-242-009-000 |
| 600 Village Avenue | Malone Village, Block 5, Lot 3 | Joseph Stephens 600 Village Avenue Lincoln, NE 68503 | 10-24-448-003-000 |
| 3035 South 46 th Street | Prairie Hill, Block 3, Lot 4 | WAIVED PUBLIC HEARING | 16-05-111-009-000 |
| 631 North 26 th Street | Schaefer & Cultras Sub Lot C | Allen Roseburg 2931 North Elliott Road AJO, AZ 85321 | 10-24-409-001-000 |
| 1530 North 23 rd Street | Mauritizuis Sub, Lot 8 | Wm Specialty Mortgage LLC 505 City Parkway Unit #100 Orange CA 92868 | 11-13-416-013-000 |
| 1240 North 66 th Street | Bethany Heights, Block 80, Lot 4 | James Meyers 1240 North 66 th Street Lincoln, NE 68502 | 17-21-219-003-000 |
| 3846 Sumner Street | East Lawn Terrace, Block 14, Lot 19 | Patricia Kontos 3846 Sumner Street Lincoln, NE 68502 | 17-31-213-019-000 |
| 7211 Stevens Ridge Road | Edenton South Addition, Block 6, Lot 2 | Wells Fargo Bank Trustee C/O Saxon Mortgage Company P O Box 161489 Ft. Worth, TX 76161-1489 | 16-15-108-002-000 |
| 2163 South 8 th Street | South Park Add, Block 4, Lot 8 | WAIVED PUBLIC HEARING | 10-35-401-010-000 |
| 4126 Madison Avenue | Pitcher & Baldwins 2 nd Add, Block 12, Lot 10 | Raymond & Rita Kelch P O Box 84613 Lincoln, NE 68501-4613 | 17-17-107-009-000 |

| | | | |
|------------------------------------|---|---|-------------------|
| 2335 South 39 th Street | Woods Bros Half Acres, Lot 106, S61.89' | Donald Lopez 2335 South 39 th Street Lincoln, NE 68506 | 17-31-415-015-000 |
| 1648 South 24 th Street | Hardenberghs Sub L7 NE 36-10-6, Lot 29, W63.5 | Bradley & Amy Edgar 4235 Baldwin Avenue Lincoln, NE 68504 | 10-36-218-008-000 |
| 1520 "D" Street | Lincoln Original, Block 185, Lot 9 | Dai & My-Anh Nguyen Et Al 7932 Colby Street Lincoln, NE 68505 | 10-25-312-012-000 |
| 4702 Cooper Avenue | College View, Block 18, Lot 7-8, W1/2 | Daniel Schwartz 12910 Kellogg Lake Road Sultan, WA 98294 | 16-05-307-005-000 |
| 3160 "T" Street | Pecks Grove SE NW & NE SW 19-10-7, Block 15, Lot 16 | Daniel & Lori Watts 3160 "T" Street Lincoln, NE 68503 | 17-19-307-019-000 |
| 1035 South 23 rd Street | Houtz Place, Block 6, Lot 15-16, N35' S102' | Success Enterprises LLC 6100 South 58 th Street, Ste E Lincoln, NE 68516 | 10-25-414-020-000 |
| 1401 South 21 st Street | Pleasant Hill Sub, Block 4, Lot 1, E87' | Teresa Cowles 1845 Pepper Avenue Lincoln, NE 68502 | 10-36-240-002-000 |
| 847 North 29 th Street | Woolsworths Sub PSW NW 19-10-7, Lot 27 | Khai Tuan Chau 847 North 29 th Street Lincoln, NE | 17-19-133-009-000 |
| 4139 Lewis Avenue | Lincoln View, Block 6, Lot 2 | Federal Home Loan Mortgage Corporation 7159 Corklan Drive Jacksonville, FL 32258 | 11-11-218-032-000 |



3/4/1950 Great Britain
 25th Dec 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763

Date _____

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 26-22

Location of Premises 701 W. 2nd St

Legal Description City of Lincoln, Lincoln, Nebraska

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ___/___/___.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ___/___/___.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

1/1/09
Date

By the authority granted in Nuisance Abatement Authorization No. 26-22 issued on ___/___/___ by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$_____ to be paid by the Department, representatives of _____ cleared the premises at _____ of the conditions constituting a public nuisance on ___/___/___.

Licensed Refuse Hauler _____

Name of Hauler Representative (print) _____

Signature _____

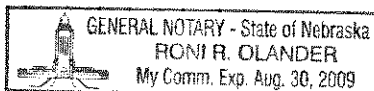
Health Department Representative _____

Signature _____

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 1 DAY OF January, 2009



NOTARY PUBLIC

Assessment Costs: \$ 175.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 06-001

Location of Premises 1111 1st St

Legal Description Subdiv. A, Block 2, Lot 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 9/1/06.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

9/1/06
Date

By the authority granted in Nuisance Abatement Authorization No. 06-001 issued on 9/1/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on / / .

Licensed Refuse Hauler

Name of Hauler Representative (print)

Signature

Health Department Representative

Signature

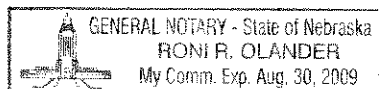
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 1 DAY OF September, 2006



[Signature]
NOTARY PUBLIC

Assessment Costs: \$ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 06-30

Location of Premises 2440 S. 10th St.

Legal Description Spurhill Farm, Block 2, Lot 16

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 7/12/06.
- ☒ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 7/12/06.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

7/12/06
Date

By the authority granted in Nuisance Abatement Authorization No. 06-30 issued on 7/12/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 100.00 to be paid by the Department, representatives of [Signature] cleared the premises at [Signature] of the conditions constituting a public nuisance on 7/12/06.

Licensed Refuse Hauler [Signature]

Name of Hauler Representative (print) [Signature]

Signature [Signature]

Health Department Representative [Signature]

Signature [Signature]

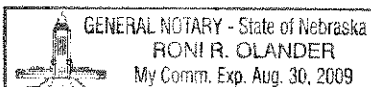
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 12 DAY OF July, 2006



[Signature]
NOTARY PUBLIC

Assessment Costs: \$ 100.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Legal Description

Date _____

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number

06-32

Location of Premises

Legal Description

Lincoln Heights A11, B12 R-4, 21' Lot 11 & A11 L12

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ___/___/___.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ___/___/___.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Health Director

Date

By the authority granted in Nuisance Abatement Authorization No. 06-32 issued on 9/27/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on 9/27/06.

Licensed Refuse Hauler

Name of Hauler Representative (print)

Signature

Health Department Representative

Signature

STATE OF NEBRASKA

)

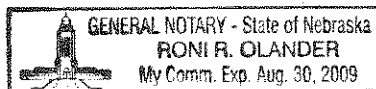
)ss.

County of Lancaster

)

Before me, a notary public qualified for said County, personally came , known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 27 DAY OF SEPTEMBER, 2006



NOTARY PUBLIC

Assessment Costs: \$ 25.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 06-33

Location of Premises _____

Legal Description _____
Holmes Second Subj. 100 Holmes Second Sub L# 20 wing

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Steve Beal
Assistant Health Director

10/16/06
Date

By the authority granted in Nuisance Abatement Authorization No. 06-33 issued on 10/16/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ _____ to be paid by the Department, representatives of City of Lincoln cleared the premises at _____ of the conditions constituting a public nuisance on 10/16/06.

Licensed Refuse Hauler City of Lincoln

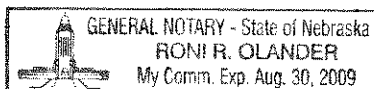
Name of Hauler Representative (print) _____
Signature _____

Health Department Representative _____
Signature _____

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came Steve Beal, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 16 DAY OF October, 2006



NOTARY PUBLIC

Assessment Costs: \$ 2375 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 02-24
 Location of Premises _____
 Legal Description South 40 1/2, Block 16, E30 Lot 9

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
 Health Director

8/1/06
 Date

By the authority granted in Nuisance Abatement Authorization No. 02-24 issued on 10/6/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 200.00 to be paid by the Department, representatives of [Signature] cleared the premises at 9 - South 40 1/2 of the conditions constituting a public nuisance on 10/1/06.

Licensed Refuse Hauler [Signature]

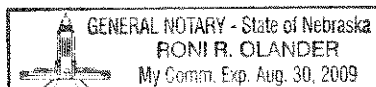
Name of Hauler Representative (print) [Signature]
 Signature _____

Health Department Representative [Signature]
 Signature _____

STATE OF NEBRASKA)
)ss.
 County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 6 DAY OF SEP, 2006



[Signature]
 NOTARY PUBLIC

Assessment Costs: \$ 152.95 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 26-35

Location of Premises 3102 N. 48th St. Lincoln, NE

Legal Description UNIVERSITY PLACE BLOCK 31 LOT 2 79.70.5 ACRES. PART
PART FOR 3172-4.

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 10/19/06.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 9/17/06.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

10/19/06
Date

By the authority granted in Nuisance Abatement Authorization No. 26-35 issued on 10/19/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 50.00 to be paid by the Department, representatives of [Signature] cleared the premises at 3102 N. 48th St. of the conditions constituting a public nuisance on 10/19/06.

Licensed Refuse Hauler [Signature]

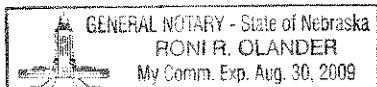
Name of Hauler Representative (print) [Signature]
Signature

Health Department Representative [Signature]
Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 19 DAY OF October, 2006



NOTARY PUBLIC

Assessment Costs: \$ 50.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 06-27

Location of Premises 14716 60th Ave N

Legal Description LOT 10-11-12 SUB. L2-12 11/1 36-10-6. P1/2 R 31st

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 10/26/06.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

10/26/06
Date

By the authority granted in Nuisance Abatement Authorization No. 06-27 issued on 10/26/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on / / .

Licensed Refuse Hauler

Name of Hauler Representative (print)

Signature

Health Department Representative

Signature

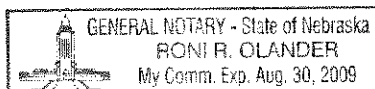
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 26 DAY OF October, 2006



NOTARY PUBLIC

Assessment Costs: \$ 100.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

26-22
3019 STARR ST
BABCOCKS SUBDIVISION - L14 COLBERTSON CIR 2, #4

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 10/20/06.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Brian F. [Signature]
Health Director

10/20/06
Date

By the authority granted in Nuisance Abatement Authorization No. 26-22 issued on 10/20/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ _____ to be paid by the Department, representatives of _____ cleared the premises at _____ of the conditions constituting a public nuisance on ____/____/____.

Licensed Refuse Hauler

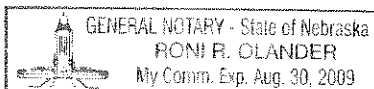
Name of Hauler Representative (print)
Signature

Health Department Representative
Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS ____ DAY OF _____, _____



NOTARY PUBLIC

Assessment Costs: \$ _____ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

06-37
711
Mohrman's Replat, Mohrman's Replat Lot A

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 10/15/06.
- ☒ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 10/15/06.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

10/15/06
Date

By the authority granted in Nuisance Abatement Authorization No. 06-37 issued on 10/15/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at 711 of the conditions constituting a public nuisance on 11/1/06.

Licensed Refuse Hauler

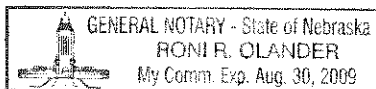
Name of Hauler Representative (print)
Signature

Health Department Representative
Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came , known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS DAY OF ,



NOTARY PUBLIC

Assessment Costs: \$ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

26-40
2147 W. 16th St
5th Floor A-10, Bldg. 1, W 24-25

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 10/20/09.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Health Director

Date

By the authority granted in Nuisance Abatement Authorization No. 26-40 issued on 10/21/09 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$45 to be paid by the Department, representatives of Lincoln cleared the premises at 2147 W 16th St of the conditions constituting a public nuisance on 1/1/11.

Licensed Refuse Hauler

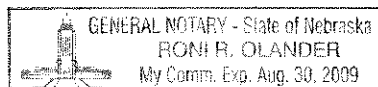
Name of Hauler Representative (print)
Signature

Health Department Representative
Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____,



NOTARY PUBLIC

Assessment Costs: \$ 45 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

06-41
2400 N O Street A.H. FIVE 13 LOT 1 45'

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ___/___/___.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ___/___/___.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Health Director

Date

By the authority granted in Nuisance Abatement Authorization No. 06-41 issued on ___/___/___ by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$_____ to be paid by the Department, representatives of _____ cleared the premises at _____ of the conditions constituting a public nuisance on ___/___/___.

Licensed Refuse Hauler

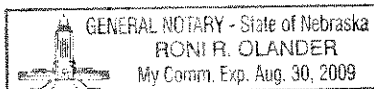
Name of Hauler Representative (print)
Signature

Health Department Representative
Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____,



NOTARY PUBLIC

Assessment Costs: \$_____ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

06-43
211 N. 1st St.
DARK, CHINA, TE, CO., NE 101 N. 1st St. & 1st St.
06-43

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 11/17/06.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

11/16/06
Date

By the authority granted in Nuisance Abatement Authorization No. 06-43 issued on 11/17/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 100.00 to be paid by the Department, representatives of 1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100 cleared the premises at 504/11 of the conditions constituting a public nuisance on 11/17/06.

Licensed Refuse Hauler

1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100

Name of Hauler Representative (print)
Signature

Steve HARTLEY
[Signature]

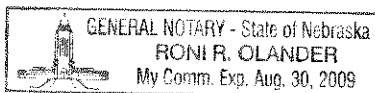
Health Department Representative
Signature

[Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 11 DAY OF 11



NOTARY PUBLIC

Assessment Costs: \$ 100.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number

Location of Premises

Legal Description

06-44
1111 11th St
A1111 11th St, L1111

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ___/___/___.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ___/___/___.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

4/11/11
Date

By the authority granted in Nuisance Abatement Authorization No. 06-44 issued on 11/17/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on 11/17/11.

Licensed Refuse Hauler

Name of Hauler Representative (print)

Signature

DAVID MATTHEW
[Signature]

Health Department Representative

Signature

[Signature]

STATE OF NEBRASKA

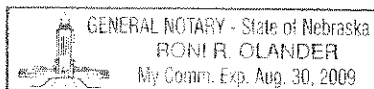
)
)ss.

County of Lancaster

)

Before me, a notary public qualified for said County, personally came , known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 11 DAY OF April, 2011.



NOTARY PUBLIC

Assessment Costs: \$ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

06-45
- 311 - 5 - 27 - 1
HOLLYWOOD AVE. BLOCKS L1-F-6-A SE SA-10-6
BLK 7, LOT 11

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 11/17/06
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

11/17/06
Date

By the authority granted in Nuisance Abatement Authorization No. 06-45 issued on 11/17/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 100.00 to be paid by the Department, representatives of ASACON cleared the premises at 2:45 PM of the conditions constituting a public nuisance on 11/17/06

Licensed Refuse Hauler

ASACON WASTE TREATMENT, INC.

Name of Hauler Representative (print)
Signature

Steve HATTEN
Steve A. Hatten

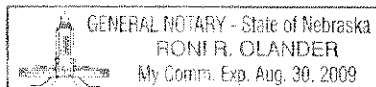
Health Department Representative
Signature

[Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 17 DAY OF NOV, 2006



NOTARY PUBLIC

Assessment Costs: \$ 15.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 20-46

Location of Premises 3017 5th RR

Legal Description SADDOCKS S. 0000, 300-414, 16007000, 2/04-3, 10T4

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 11/10/06.
- ☒ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 11/10/06.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

11/10/06
Date

By the authority granted in Nuisance Abatement Authorization No. 20-46 issued on 11/10/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 350 to be paid by the Department, representatives of [Signature] cleared the premises at 3017 5th RR of the conditions constituting a public nuisance on 11/10/06.

Licensed Refuse Hauler [Signature]

Name of Hauler Representative (print) [Signature]

Signature

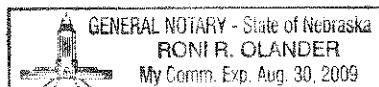
Health Department Representative [Signature]

Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____,



NOTARY PUBLIC

Assessment Costs: \$ 175.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

26-48
26-48
Exposure to Subdivision - 114 Culbertson Block 2 Lot 4

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 12/10/06.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

12/10/06
Date

By the authority granted in Nuisance Abatement Authorization No. 26-48 issued on 12/10/06 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 50.00 to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on 12/27/06.

Licensed Refuse Hauler

Name of Hauler Representative (print)
Signature

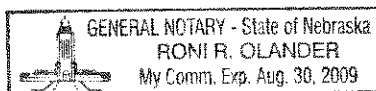
Health Department Representative
Signature

[Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came , known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS DAY OF ,



NOTARY PUBLIC

Assessment Costs: \$ 163.75 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

07-01
2764
Sheldon & Binets Sub, L17, Ex 210 + 211 R.D.

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 1/12/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

1/12/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-01 issued on 1/12/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$_____ to be paid by the Department, representatives of _____ cleared the premises at _____ of the conditions constituting a public nuisance on ____/____/____.

Licensed Refuse Hauler _____

Name of Hauler Representative (print) _____
Signature _____

Health Department Representative _____
Signature _____

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 12 DAY OF JAN, 2007



NOTARY PUBLIC

Assessment Costs: \$ 250.75 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

07-23
2127 S 94th
University Park, Lincoln, NE 68506

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 1/21/07.
- ☒ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 1/21/07.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

2/13/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-23 issued on 2/6/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 25 to be paid by the Department, representatives of [Signature] cleared the premises at 11:11 AM of the conditions constituting a public nuisance on 2/7/07.

Licensed Refuse Hauler [Signature]

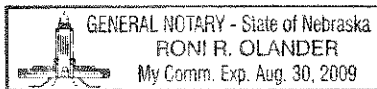
Name of Hauler Representative (print) [Signature]
Signature [Signature]

Health Department Representative [Signature]
Signature [Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 13 DAY OF FEBRUARY, 2007



NOTARY PUBLIC

Assessment Costs: \$ 25.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

07-04
3017 Starr Street
Pawcocks Building - 314 Guller Way, Block 3, Lot 4

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 3/14/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

3/14/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-04 issued on 3/22/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 40 to be paid by the Department, representatives of [Signature] cleared the premises at [Signature] of the conditions constituting a public nuisance on 3/21/07.

Licensed Refuse Hauler

[Signature]

Name of Hauler Representative (print)
Signature

[Signature]

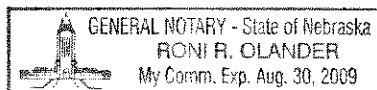
Health Department Representative
Signature

[Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 22 DAY OF March, 07



[Signature]
NOTARY PUBLIC

Assessment Costs: \$ 165.15 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



07-25
1726 26 GWS, 400-10
DINGS 15.420 m, Lat D 15.521, 155.1 Lat E 3x T, 1000
11 NW, 10000, 10000, 10000, 10000, 10000

Date _____

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number

07-06

Location of Premises

600 Village Blvd

Legal Description

Major's Village Block 5, lot 3

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 4/3/07
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

4/3/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-06 issued on 4/3/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 200.00 to be paid by the Department, representatives of SARAGEN cleared the premises at 600 Village Blvd of the conditions constituting a public nuisance on 4/9/07 - 4/10/07

Licensed Refuse Hauler

SARAGEN SANITATION, INC

Name of Hauler Representative (print)

Signature

Steve LATTEN
[Signature]

Health Department Representative

Signature

[Signature]

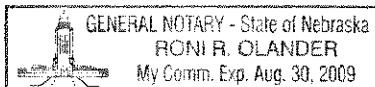
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 4 DAY OF April, 2007



NOTARY PUBLIC

Assessment Costs: \$ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 07-08

Location of Premises 305 - 4th St. Lincoln, NE

Legal Description Block 3, Lot 4

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 3/16/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

4/11/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-08 issued on 4/11/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 51.00 to be paid by the Department, representatives of THOMAS & SONS cleared the premises at 305 - 4th St of the conditions constituting a public nuisance on 4/11/07.

Licensed Refuse Hauler THOMAS & SONS

Name of Hauler Representative (print)
Signature

Steve HATTEN
Steve J. Hatten

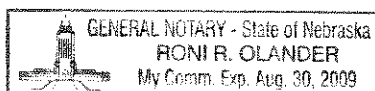
Health Department Representative
Signature

[Signature]
[Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS ____ DAY OF _____, ____.



NOTARY PUBLIC

Assessment Costs: \$ 126.75 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department

Nuisance Abatement Authorization

Authorization Number 07-07

Location of Premises 631 N 24th St

Legal Description Subdivided by S. 24th St. in 1965

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 4/12/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

4/13/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-07 issued on 4/12/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of [Signature] cleared the premises at 631 N 24th St of the conditions constituting a public nuisance on 4/12/07.

Licensed Refuse Hauler [Signature]

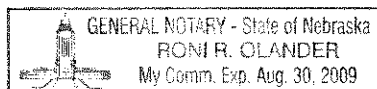
Name of Hauler Representative (print) [Signature]
Signature

Health Department Representative [Signature]
Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 13 DAY OF April, 2007



NOTARY PUBLIC

Assessment Costs: \$ 17.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number

Location of Premises

Legal Description

07-10
1530 N. 24th St.
Municipal Public Works

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 4/17/07.
- ☒ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 4/17/07.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

4/17/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-10 issued on 4/17/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on 4/17/07.

Licensed Refuse Hauler

Name of Hauler Representative (print)

Signature

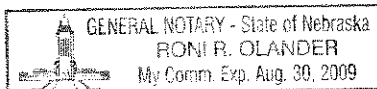
Health Department Representative

Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came , known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS DAY OF ,



NOTARY PUBLIC

Assessment Costs: \$ 100.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

27-11
1240 N 66th Street
Primary Hight, Phase 20 Lot

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 4/23/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Health Director

____/____/____
Date

By the authority granted in Nuisance Abatement Authorization No. 07-11 issued on 4/23/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 100.00 to be paid by the Department, representatives of Primary Hight, Phase 20 Lot cleared the premises at 1240 N 66th Street of the conditions constituting a public nuisance on 4/23/07.

Licensed Refuse Hauler

Name of Hauler Representative (print)

Signature

Health Department Representative

Signature

STATE OF NEBRASKA

)

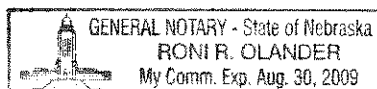
)ss.

County of Lancaster

)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____,



NOTARY PUBLIC

Assessment Costs: \$ 100.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 07-12

Location of Premises 4846 Leona Street

Legal Description East 1/2 of Section 14, T14N, R10E, S14

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 5/18/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

5/18/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-12 issued on 5/18/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 100 to be paid by the Department, representatives of [Signature] cleared the premises at [Signature] of the conditions constituting a public nuisance on 5/18/07.

Licensed Refuse Hauler [Signature]

Name of Hauler Representative (print) Mark M. [Signature]

Signature

Health Department Representative [Signature]

Signature

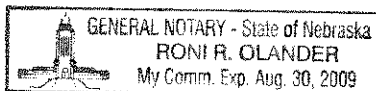
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 18 DAY OF MAY, 2007



NOTARY PUBLIC

Assessment Costs: \$ 100 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number

Location of Premises

Legal Description

07-13
7211 Stearns Rd NE, Omaha
Sdr for So. 1st Addition P10 R6 Lot 2

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 4/2/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

4/2/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-13 issued on 4/14/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$_____ to be paid by the Department, representatives of _____ cleared the premises at _____ of the conditions constituting a public nuisance on ____/____/____.

Licensed Refuse Hauler _____

Name of Hauler Representative (print) _____

Signature _____

Health Department Representative _____

Signature _____

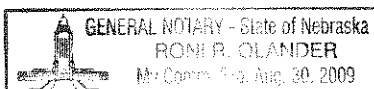
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____, _____



NOTARY PUBLIC

Assessment Costs: \$ 171.25 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 27-11

Location of Premises 2163

Legal Description Tract A of Block 4, Lot 3

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 5/11/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

5/11/07
Date

By the authority granted in Nuisance Abatement Authorization No. 27-11 issued on 5/11/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 40.00 to be paid by the Department, representatives of Lincoln-Lancaster County Health Department cleared the premises at 2163 of the conditions constituting a public nuisance on 5/11/07.

Licensed Refuse Hauler Palmer Industries

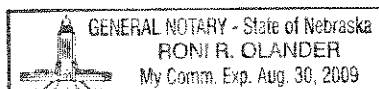
Name of Hauler Representative (print) David M. [unclear]
Signature [Signature]

Health Department Representative [Signature]
Signature [Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 11 DAY OF May, 2007



NOTARY PUBLIC

Assessment Costs: \$ 40.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

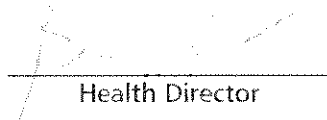
Authorization Number
Location of Premises
Legal Description

07-15
4126 Modesto Ave SE
Lincoln, NE 68506 2-3A-M 2004 12 1-17

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 5/16/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 5/16/07.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.


Health Director

5/24/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-15 issued on 5/24/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$_____ to be paid by the Department, representatives of _____ cleared the premises at _____ of the conditions constituting a public nuisance on ____/____/____.

Licensed Refuse Hauler _____

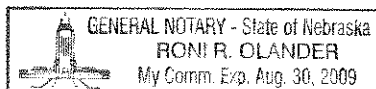
Name of Hauler Representative (print) _____
Signature _____

Health Department Representative _____
Signature _____

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____,



NOTARY PUBLIC

Assessment Costs: \$_____ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number _____

Location of Premises _____

Legal Description _____

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 5/21/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 5/21/07.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Health Director

Date

By the authority granted in Nuisance Abatement Authorization No. 07-16 issued on 5/21/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 200.00 to be paid by the Department, representatives of Lincoln-Lancaster County Health Department cleared the premises at _____ of the conditions constituting a public nuisance on 5/21/07.

Licensed Refuse Hauler _____

Name of Hauler Representative (print) _____

Signature _____

Health Department Representative _____

Signature _____

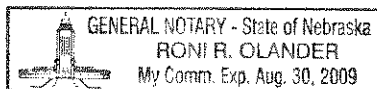
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____,



NOTARY PUBLIC

Assessment Costs: \$ 200.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 07-12

Location of Premises 2355 S. 57th St

Legal Description White Oak Hill Acres Lot 106 Sub 7

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 6/3/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Bruce Lott
Health Director

6/14/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-12 issued on 6/14/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on / / .

Licensed Refuse Hauler SEASON TRACTORS

Name of Hauler Representative (print) ELE HOTTEN

Signature ELE HOTTEN

Health Department Representative

Signature

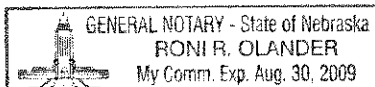
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came , known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 14 DAY OF



NOTARY PUBLIC

Assessment Costs: \$ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department

Nuisance Abatement Authorization

Authorization Number 07-17

Location of Premises 1648 S 24th Street

Legal Description 1/4 Sec 16, T1N, R10E, S12-13-14, NE 3/4 - 10-1-16 Lot 27
W 63.5'

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 06/17/2007.
- ☒ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 06/17/2007.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

6/17/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-17 issued on 06/17/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 25.00 to be paid by the Department, representatives of [Signature] cleared the premises at [Signature] of the conditions constituting a public nuisance on 06/17/07.

Licensed Refuse Hauler [Signature]

Name of Hauler Representative (print) [Signature]

Signature

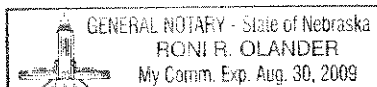
Health Department Representative [Signature]

Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came [Signature], known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 17 DAY OF June, 2007



NOTARY PUBLIC

Assessment Costs: \$ 25.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number 22-30

Location of Premises 721 1st Ave. S.W. Lincoln, NE 68508

Legal Description Subj. to Nuisance Abatement - 10/26/17

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 11/15/17.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 11/15/17.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

11/15/17
Date

By the authority granted in Nuisance Abatement Authorization No. 22-30 issued on 11/15/17 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on / / .

Licensed Refuse Hauler

Name of Hauler Representative (print)

Signature

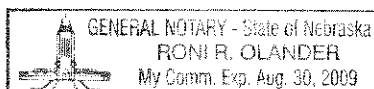
Health Department Representative James E. [Signature]

Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came , known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS DAY OF ,



NOTARY PUBLIC

Assessment Costs: \$ 1,250.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Legal Description

☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 7 / 02 / 07.

☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

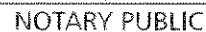
Date _____

Licensed Refuse Hauler

Signature

Signature

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____, 20____.



Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

07-22
4750 S. 10th St.
College View, Block 15, Lot 7-2, 10/11

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Health Director

7/25/09
Date

By the authority granted in Nuisance Abatement Authorization No. 07-22 issued on 7/25 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 100 to be paid by the Department, representatives of _____ cleared the premises at _____ of the conditions constituting a public nuisance on ____/____/____.

Licensed Refuse Hauler _____

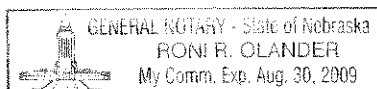
Name of Hauler Representative (print) _____
Signature _____

Health Department Representative _____
Signature

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____, _____



NOTARY PUBLIC

Assessment Costs: \$ 1275 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

07-23
[Signature]
PICKS CRINE SE NW 1/4 NE 10-10-7 Block 15 Lot 16

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

____/____/____
Date

By the authority granted in Nuisance Abatement Authorization No. 07-23 issued on 7/25/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ _____ to be paid by the Department, representatives of _____ cleared the premises at _____ of the conditions constituting a public nuisance on ____/____/____.

Licensed Refuse Hauler _____

Name of Hauler Representative (print)
Signature

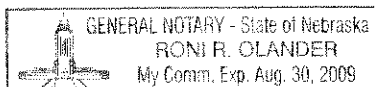
Health Department Representative
Signature

[Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came _____, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS _____ DAY OF _____,



NOTARY PUBLIC

Assessment Costs: \$ 42.00 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number
Location of Premises
Legal Description

07-24
1035
HOUTZ PLACE, Block 6, Lot 15-16, N35° 31' 02"

I, as Health Director, have found that:

- ☐ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 2/1/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 2/1/07.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

[Signature]
Health Director

2/1/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-24 issued on 2/1/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ to be paid by the Department, representatives of cleared the premises at of the conditions constituting a public nuisance on .

Licensed Refuse Hauler

Name of Hauler Representative (print)
Signature

[Signature]

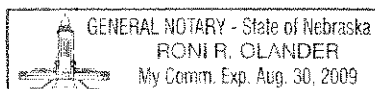
Health Department Representative
Signature

[Signature]

STATE OF NEBRASKA)
)ss.
County of Lancaster)

Before me, a notary public qualified for said County, personally came , known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS DAY OF ,



NOTARY PUBLIC

Assessment Costs: \$ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number

Location of Premises

Legal Description

07-26
1401 S 21st Street
Pleasant Hill Sub, Block 4, Lot 1 E87'

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 8/8/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Bruce Dart
Health Director

8.14.07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-26 issued on 8/15/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 85 to be paid by the Department, representatives of Paragon cleared the premises at 1401 S 21st of the conditions constituting a public nuisance on 8/15/07.

Licensed Refuse Hauler

Name of Hauler Representative (print)
Signature

Health Department Representative
Signature

Paragon Sanitation
Scott Zajick
Richard Stama

STATE OF NEBRASKA)

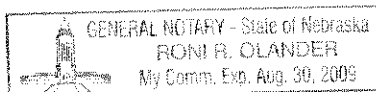
)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came Bruce Dart, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS

14th DAY OF August, 07



Roni R. Olander
NOTARY PUBLIC

Assessment Costs: \$ 203.95 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department Nuisance Abatement Authorization

Authorization Number

Location of Premises

Legal Description

07-27
847 N. 29th St
Woolworth's Sub PSW NW 19-10-7, Lot 27

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 5/16/07.
- ☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on / / .

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises state above.

Bruce Dapt
Health Director

8/15/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-27 issued on 8/15/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 100 to be paid by the Department, representatives of PARAGON cleared the premises at 847 N. 29 of the conditions constituting a public nuisance on 8/15/07.

Licensed Refuse Hauler

PARAGON SANITATION, INC

Name of Hauler Representative (print)

Signature

Steve HATTEN
Steve Hatten

Health Department Representative

Signature

JAMES E BARE REHS
James E Bare Rehs

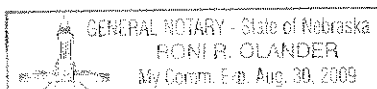
STATE OF NEBRASKA)

)ss.

County of Lancaster)

Before me, a notary public qualified for said County, personally came Bruce Dapt, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 15th DAY OF August, 07



Roni R. Olander
NOTARY PUBLIC

Assessment Costs: \$ 315.45 (These costs are approximate and are subject to change.) This form shall serve as notification of a pending assessment against the property.

White - Health Department

Pink - City Clerk

Yellow - Refuse Hauler



Lincoln-Lancaster County Health Department

Nuisance Abatement Authorization

Authorization Number

07-28

Location of Premises

1035 South 23rd Street

Legal Description

MOUTZ PLACE, Block 6, Lot 15-16, NE 1/4 S102

I, as Health Director, have found that:

- ☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 8/20/07.
- ☒ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on 8/20/07.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises stated above.

[Signature]
Health Director

8/22/07
Date

By the authority granted in Nuisance Abatement Authorization No. 07-28 issued on 8/22/07 by the Director of the Lincoln-Lancaster County Health Department, and for a fee of \$ 25 to be paid by the Department, representatives of [Signature] cleared the premises at 1035 South 23rd Street of the conditions constituting a public nuisance on 8/22/07.

Licensed Refuse Hauler

[Signature]

Name of Hauler Representative (print)

Signature

Don M Stewart
[Signature]

Health Department Representative

Signature

[Signature]

STATE OF NEBRASKA

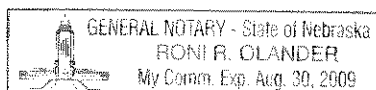
)
)ss.

County of Lancaster

)

Before me, a notary public qualified for said County, personally came Don M Stewart, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTORIAL SEAL THIS 28 DAY OF August, 07



[Signature]
NOTARY PUBLIC

Assessment Costs: \$ 173.75 (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

White - Health Department

Pink - City Clerk


Yellow - Refuse Hauler

EXECUTIVE ORDER NO. 079292

BY VIRTUE OF THE AUTHORITY VESTED IN ME by the Charter of the City of Lincoln, Nebraska; the statutes of the State of Nebraska, and the Interlocal Agreement establishing the Lincoln-Lancaster County Health Department:

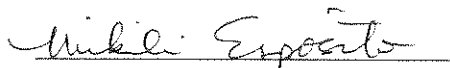
Based upon the request of the Director of the Lincoln-Lancaster County Health Department, the offensive substances as shown in the attached pictures, are being kept or allowed to exist on the premises at 4139 Lewis Avenue, in violation of Chapter 8.26 Nuisances, Section 030 of the Lincoln Municipal code, are hereby declared to constitute an immediate public nuisance and hazard to the public and safety, and the Health Director is hereby authorized to abate and remove such public nuisance within twenty-four (24) hours.

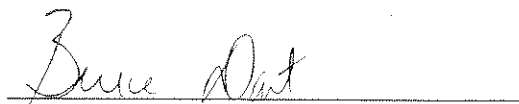
Dated this 31st day of May, 2007.


Chris Beutler,
Mayor of Lincoln

Approved as to Form and Legality:

Approved:


City Attorney


Health Director